Dear Nursing Student:

Please complete the following form for consideration by Temple University Department of Nursing for a scholarship for the academic year 2014-15. Students are eligible for a scholarship if they are in good academic standing and meet the requirements for the specific scholarship. The requirements can be found at www.temple.edu/nursing/scholarships.

Please select the scholarship (or scholarships) for which you wish to be considered by checking the appropriate box. All scholarships applications require the same documentation.

**Deadline for submission is January 31, 2014.**
Temple University
Scholarship Application
for
Graduate Nursing Students
Select the scholarship(s) for which you would like to apply

☐ J. Russell Fawley Fund
☐ Temple University Women’s Club Scholarship Fund
☐ HRSA Traineeship – FT Students Only

Please complete the following form for consideration by Temple University College of Health Professions and Social Work Department of Nursing for the scholarship(s) indicated above, for academic year 2014-2015. Students are eligible to apply for a scholarship if they are in good academic standing and meet the requirements of the specific scholarship. Requirements of each scholarship can be found at www.temple.edu/nursing/scholarships.

Deadline for Submission: January 31, 2014

Signature: ______________________________ Date: ______________________________
Print Name: ____________________________ TUid: ____________________________
1. **Name:** __________________________________________________________
   (print)

   **Temple Student ID Number:** ______________________________________

   **Temple University E-mail address:** ________________________________

   **Preferred telephone number:** _____________________________________

2. **Mailing Address during academic year** (September-May):

   _________________________________________________________________

   Street

   City

   State, Zip Code

3. **Permanent Home Mailing Address:**

   _________________________________________________________________

   Street

   City

   State, Zip Code

4. **County:** _______________________________________________________

5. **Academic Credits Completed** by the end of the Spring, 2014 Semester: _______

6. **Program:** _______________________________________________________

7. Expected **Graduation Date:** (Month/Year) ____________________________

8. **Grade Point Average** (GPA) at time of application: ___________________

9. **Personal Essay** of no more than 250 words describing your career plans in nursing, as well as your voluntary activities within your community.

10. Please attach a brief **personal statement regarding your financial need**. This statement must address how this scholarship would aid you to meet your academic goals.

11. Are you currently receiving financial aid?  ☐ Yes  ☐ No
12. For 2013-2014, please provide the following information, if it is relevant TO YOU ONLY:

- Amount of Loans awarded for you: $__________
- Total Student Loans Awarded for you: $__________
- Amount of Grants awarded: $__________
- Amount of Scholarships awarded: $__________
- Please list: __________________________
- Amount of Tuition Remission: $__________
- Amount of Other awards: $__________

13. Submit your current unofficial academic transcript from Temple University (note: a student copy is acceptable; it can be obtained via SSB).

14. Attach two letters of recommendation: at least one must be from a faculty member (see attached form). Recommendations must be sent directly from the recommending individuals directly to the address provided on the form. Kindly indicate below who will be submitting the recommendation forms on your behalf.

   1) ___________________________  2) ___________________________

***************

Please send completed application and attachments (i.e., Personal Essay, Financial Need Statement and Current Temple University Transcript [student copy acceptable]) to:

Ms. Andrea Darden
Department of Nursing
Temple University
College of Health Professions and Social Work
3307 North Broad Street
Philadelphia, Pennsylvania 19140

For additional information regarding this application, please contact
Ms. Andrea Darden at 215-707-4687 or e-mail at andrea.darden@temple.edu.
# Department of Nursing: Faculty Recommendation

**Student Name:** ______________________________________

**Date of Graduation:** __________________________________

## Faculty Evaluation

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Evaluate</th>
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<tbody>
<tr>
<td>Professional Appearance</td>
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<td>Punctuality</td>
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<td>Attendance</td>
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<td>Assessment Skills</td>
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<td>Implementing an effective plan of care</td>
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<td>Therapeutic Nursing Interventions</td>
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<td>Organizational Skills</td>
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<td>Verbal and Written Communication Ability</td>
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<td>Works Well in Teams</td>
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<td>Delegates Tasks Appropriately</td>
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<td>Leadership Behaviors</td>
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<td>Academic Performance</td>
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<td>Clinical Decision-making Skills</td>
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</table>

**Comments:** __________________________________________

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**Faculty Name (Printed):** __________________________________________

**Faculty Signature:** __________________________________________

**Date:** __________________________________________

**Length of time known applicant:** ________________________________

**Setting in which the faculty member taught the student (check all that apply):**

- [ ] Classroom/Theory
- [ ] Clinical/Fieldwork
- [ ] Academic Advisor

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**Select the scholarship(s) for which you are recommending student**

- [ ] J. Russell Fawley Fund
- [ ] Temple University Women’s Club Scholarship Fund
- [ ] HRSA Traineeship – FT Students Only